



Genworth Life & Annuity
Genworth Life
Genworth Life of New York
P. O. Box 40016
Lynchburg, Virginia 24506-4016
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Fax: 877 300.1280

Address, name or third party changes

from Genworth Life and Annuity Insurance Company,
Genworth Life Insurance Company
and Genworth Life Insurance Company of New York[†]

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- Complete the policy information section and any section(s) that pertain to the change(s) you need
- Please print clearly and use blue or black ink and initial any alterations or corrections

Policy information

Policy number(s) *use only the spaces needed*

.....

Insured/owner name(s)

Date of birth *if applicable*

.....

Type of change

Change address information

Name ☐ Owner ☐ Insured ☐ Beneficiary ☐ Third party

.....

Address

.....

City

State

Zip

.....

Email

Phone number

.....

Change name

Change name from ☐ Owner ☐ Insured ☐ Beneficiary ☐ Third party

.....

Attach legal documentation
for name changes, except due
to marriage or divorce.

Change name to

.....

Reason for name change

.....

Change third party

Select one: ☐ Add ☐ Replace ☐ Delete existing third parties*

Protection against unintentional
lapse gives you the right to designate
at least one person other than yourself
to receive notice of lapse or termination
for nonpayment of premium.

*I elect not to designate any person to receive the protection against unintentional lapse notice.

Name

.....

Address

.....

City

State

Zip

.....

Phone number

.....

Signature

Your signature indicates you have read
and understand all sections of this
form. **If you are a Trustee, Attorney-
In-Fact, Guardian, Conservator
or other Fiduciary, you must sign
in your capacity:** (e.g. Jane Smith,
Trustee) and attach relevant legal
documentation.

Policy owner's signature

Date *mm/dd/yy*

X

Joint policy owner's signature(s) *if applicable*

Date *mm/dd/yy*

X

Signature of Joint Owner (if any) is
required, unless otherwise stated in
your policy.

[†]Only Genworth Life Insurance Company of New York is licensed in New York.